

Physical Fitness Skills Test Waiver

Applicant's
Name

Age
Range [] 18-20 [] 21-29 [] 30-39 [] 40-49 [] 50-59 [] 60+

Gender

This is to certify that I have read and understand the composition of the physical fitness skills testing. I am not aware of any physical or medical reason that would prohibit me from participating in the physical fitness skills test. I am comfortable that I can participate in the physical fitness skills test without causing injury to myself by my participation in this strenuous activity.

I have been strongly advised that I should consult with a physician or other health care professional prior to participating in the physical fitness skills test if I have any history of injury or illness that may be aggravated by my participation. I further have been advised to consult with a physician or health care professional should I have any questions pertaining to my health or ability to participate in the physical fitness skills test.

I understand that my participation in the physical fitness skills test is voluntary and that I may choose not to participate or cease participation at any time. I have further been advised by the testing proctors that I should cease participation in the testing immediately upon any feeling of unusual discomfort, shortness of breath, chest pain or any other pain that I would associate with illness or injury.

I understand that my voluntary participation in the physical fitness skills test may result in exhaustion, rapid heart beats, and soreness and aches of various muscles.

I have advised the physical fitness skills test proctor of any and all medical conditions or history of injury and illness that may be affected or be aggravated by my participation, including but not limited to the following:

INITIAL

I have not been treated or diagnosed with any heart or cardio-respiratory condition.

INITIAL

I have not been treated or diagnosed with a respiratory condition or ailment including asthma or allergies.

INITIAL

I have not been treated or diagnosed with high blood pressure and hyper tension.

INITIAL

I have not been treated or diagnosed with diabetes or low blood sugar ailments.

I agree to indemnify and hold harmless any all persons, known or unknown, responsible for hosting, proctoring, or conducting any or all portions of the physical fitness skills test from any liability or claim in the event that I should incur any bodily or personal injuries or death that may arise out of my voluntary participation in the physical fitness skills test.

Applicant's Signature

Date

Witness Signature

Date

Physical Fitness Skills Test

Sit-Up Test

The individual starts by lying on his/her back, knees bent, heels flat on the floor with the hands cupped behind the head and ears. In the up position, the individual shall touch his elbows to his knees and then return back to the lying position until the shoulder blades touch the floor. This shall be continued repetitively for one minute. The individual's score is determined by the total number of sit-ups completed in one minute.

Push-Up Test

The individual starts in the prone position, with the palm of the hands directly under the shoulders and arms extended. The feet are together with toes touching the floor. The individual's back and legs are rigid and in line from heels to shoulder blades and to the back of the head. The individual starts in the up position and lowers his/her body towards the floor with back straight and rigid until the chest touches the pushup block and then pushes back up to the start position. This shall be continued repetitively for one minute. The individual's score is determined by the total number of push-ups completed in one minute.

Modified Push-Up Test (optional only for females)

The individual starts with knees on the floor and ankles crossed, toes on the floor, with the palm of the hands directly under the shoulders and arms extended. The individual's shoulders, hips, and knees are in line. The individual starts in the up position and lowers her body towards the floor with back straight and rigid until the chest touches the pushup block and then pushes back up to the start position. This shall be continued repetitively for one minute. The individual's score is determined by the total number of modified push-ups completed in one minute.

Sit and Reach

The individual sits on the floor with legs extended at right angles on a box. The feet are placed squarely against the box with no wider than eight inches apart. A yardstick is placed between the legs of the individual and rests on the box with the 15' mark flush with the edge of the box. The subject slowly reaches forward with both hands as far apart as possible without bending the knees and holds the position for one second. The best of three trials is recorded as the score. The score is determined by the total inches reached on the yardstick with 15" being at the toes.

1.5-Mile Run

This is a timed run. Individual will run the prescribed 1.5-mile course in the least amount of time possible. The score is determined by the actual minutes and seconds recorded from the time of the start of the run to the end of the run at the prescribed finish line.